

**STATE OF NEVADA  
AGING AND DISABILITY SERVICES DIVISION**

**SERVICE SPECIFICATIONS  
GERIATRIC HEALTH AND WELLNESS SERVICES**

**Any exception to these Service Specifications must be requested in advance, in writing and approved by the Deputy Administrator.**

**PURPOSE:**

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. ADSD will use these service specifications as the basis for assessing program performance. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS, according to the funding source, and SERVICE-SPECIFIC REQUIREMENTS established for each funded service.

**SERVICE DEFINITION:**

This service provides access to a comprehensive health/medical screening or assessment. Other services that may be provided include primary health care, health education and wellness services, geriatric care management, medication management, and Internet health services. *Patients with suspected dementia may also access a comprehensive social evaluation.*

**SERVICE CATEGORIES AND UNIT MEASURES**

*Health Screening:* May consist of one of the following services:

- A. Access to primary health care, including a comprehensive physical exam, an assessment of body systems, a medical history review, baseline lab tests and counseling to patients to assist them in maintaining their health.
- B. Access to Internet health assessment tools, health education information and access to health-related services, such as prescription programs and other health education resources. (Internet programs are unable to assess a patient's individual medical information.)
- C. Access to other self-assessment tools intended to educate individuals about their level of risk and need for geriatric medical services.

**One unit equals:**

- ***One health-screening visit or self-assessment***
- ***One wellness service***
- ***One Internet visit***

*Direct Patient Care for Medical Programs:* Primary health care may include diagnosis, treatment and management of medical services, referral to specialists when indicated, and counseling patients regarding management of medical or related conditions.

***One unit equals:***

- ***One primary care, case management, follow-up, or reassessment visit***
- ***One health screening or testing***
- ***One person-to-person consultation and/or referral***
- ***One procedure***

**Geriatric Assessment and Care Management:** Provides an evaluation of medical and social problems focusing on improvement of physical and/or social functioning and reducing disability, includes the development of a medical action plan and advocating that the plan is carried out.

***One unit equals one hour of assessment, planning and/or care management service***

**Health Education:** Provides health care professionals, students, clients and/or caregivers with education and training in geriatric health issues, techniques and/or trends to promote maintaining good health practices for seniors, with emphasis on minority seniors and those living in rural areas.

***One unit equals:***

- ***One hour of training/educational meeting (including preparation time) in a group setting***
- ***One face-to-face session***
- ***One Internet session***
- ***One written communication to a medical professional***

**Exercise Programs:** Provides managers and activity directors of senior centers and other group settings for seniors, information about and access to establishing structured exercise programs, such as a Resistance Training program. The program may be led by an instructor or video presentation. Exercise programs may include the use of equipment/weights. Video programs are to include an introduction explaining the benefits of Resistance Training, the purpose, research results and demonstrations of the exercises to be performed.

***One unit equals:***

- ***One documented, structured, exercise session in an individual or group setting***
- ***One Resistance Training presentation at a senior center, assisted living facility, nursing home or senior group activity***

**Medication Management:** May include one or more of the following:

- A reminder to take medications.
- An evaluation of the combination of any number of medications (prescription, over-the-counter, herbal remedies, and vitamin and mineral supplements).
- The organization of medications for a daily, weekly, or monthly duration of time.
- A contact with a client for medication management consultation, education, or follow-up purposes.

**One unit equals:**

- **One reminder to take a medication**
- **One evaluation from a doctor or pharmacist comparing any number of medications, herbal remedy, or vitamin/mineral supplements with appropriate education for the usage of medications**
- **One visit to organize medication(s) for a daily, weekly, or monthly duration of time, with appropriate education for the usage of medications**
- **A contact with a client for medication management consultation, education, or follow-up purposes**

**GENERAL REQUIREMENTS:**

- A. Pursuant to NRS 632.005-632.500, grantees must meet all applicable statutes pertaining to nursing.
- B. Pursuant to NRS 630.003-630.411, grantees must meet all applicable statutes pertaining to physicians and assistants.
- D. Pursuant to NRS 641.010-641C.950, grantees must meet all applicable statutes pertaining to psychologists, therapists, social workers, counselors and related professions.

**SPECIFICATIONS:**

- 1. Required Services:
  - 1.1 For direct client services, provide patients with the opportunity to receive an annual physical exam.
    - 1.1.a A physical exam must include at a minimum: a general assessment of body systems, review of past medical history, baseline lab tests, and a treatment plan.
  - 1.2 For an Internet program, provide an Internet assessment tool that enables the client to query health questions and to obtain resource information.
  - 1.3 For other programs, provide a self-assessment tool that educates individuals about their level of risk and need for geriatric medical services.
  - 1.4 For a medication management program, counseling and education must be provided to assist clients with the evaluation of medications and to help with organizing medications. A reminder service may occur in person or via telephone.
  - 1.5 For health education program:
    - 1.5.a Establish a task force comprised of health professionals, which includes minority professionals. The task force should assist in identifying health

care issues, assist with outreach to minority seniors and those seniors living in rural areas and assist with evaluation and planning.

- 1.5.b Establish a referral process to other agencies when health education services cannot be provided to clients.
- 1.5.c Develop an annual plan on proposed health education sessions prior to the start of a new grant year. The plan should include: topics, proposed target group or individuals, proposed schedule/timeline and proposed general community sessions.

2. Optional Services:

- 2.1 Provide the following primary health care services: Perform health screenings and lab tests based on the patient's presenting problem, develop treatment plans for problems identified as a result of physical examinations, manage stable chronic illnesses, treat minor acute illnesses, provide referrals to specialists when indicated, and provide counseling to patients to assist them in managing their health.
- 2.2 Provide health promotion through education/training and wellness activities to seniors, caregivers, health care professionals and/or medical students on health topics that affect the elderly such as dietary counseling, prevention of heart disease or stroke, cancer, hormone replacement, the prevention of falls, and medication management.
- 2.3 Develop support groups, or arrange for support groups.

3. Documentation Requirements:

- 3.1 Primary care programs shall establish individual patient charts indicating the results of the physical exam and any other specialized services received by the patient.
- 3.2 Internet programs shall maintain information by establishing anonymous client files that record basic client information and visits to the site, or programs that provide self-assessment tools shall maintain records of the numbers of tools completed.
- 3.3 Programs that provide training and education to health care professionals, students, caregivers and/or clients shall maintain records of attendance at group sessions and appropriate documentation of one-on-one training sessions. Documentation shall include: date of training; topic presented; name and title of presenter; and the number of individuals in attendance.

- 3.4 Programs that provide geriatric assessments and care management shall maintain individual client files that include results of assessments, medical action plans and follow-up notes.

4. Operating Procedures for Direct Client Services:

- 4.1 Establish a scheduling system that maximizes utilization of available patient appointments.
- 4.2 Provide referral assistance to all patients who require medical consultation and care beyond the scope of services offered by the program.
- 4.3 Establish a system to ensure that there is follow-up on all lab tests and all referral assistance provided to patients.
- 4.4 Establish written medical protocols for the health services provided by Advanced Practitioners of Nursing.
- 4.5 Qualified health educators must be used to teach each health education activity. Copies of all instructors' resumes must be maintained by the program.

5. Quality Improvement/Performance Indicators:

- 5.1 Conduct at least one quality assurance review annually. The review must evaluate the quality of medical service provided by the program and the adequacy of documentation. The results of the review must document any program deficiencies and contain a plan of correction.

For direct client care, conduct a combined quality assurance and performance indicator survey to evaluate the quality of medical health service provided by the program, client satisfaction and client outcome wellness indicators. A six-month follow-up survey will be completed to assess health outcomes. For programs serving large client populations, a sample survey is acceptable with the approval of the Division.

- 5.2 For Internet programs, the programs will conduct an initial survey of performance indicator questions at the time of registration and conduct six-month follow-up surveys using questions approved by the Division.
- 5.3 Programs that provide other self-assessment tools must conduct a sample survey on an annual basis to determine whether the tool improved the health and/or quality of life of the users.
- 5.4 Programs that provide training and education to health care professionals, students, caregivers and/or clients must develop an evaluation tool for use by

participants in group sessions, and a follow-up survey for individuals involved in one-on-one sessions.

5.4.1 Programs that contract for health education services must develop criteria to evaluate the performance of the contractor.

5.5 Programs that provide geriatric assessments and care management must conduct a combined quality assurance and performance indicator survey to evaluate the quality of service provided by the program, client satisfaction and client outcome wellness indicators. A six-month follow-up survey must be completed to assess health outcomes.

6. Special Compliance Requirement:

6.1 Grantee must have current commercial and professional liability coverage as appropriate.

6.2 Grantees providing medical services may choose to use legal representation to handle client complaints instead of establishing grievance procedures, as required under the General Requirements Service Specifications.